

**Submission to the Honorable David Caplan,
Minister of Health and Long-Term Care**

January 2009

Nurse Practitioners



INTRODUCTION

The College of Physicians and Surgeons of Ontario (CPSO) welcomes the opportunity to offer the Minister of Health and Long-Term Care our comments and advice in response to the Health Professions Regulatory Advisory Council (HPRAC) consultation on the College of Nurses of Ontario's (CNO) proposals to expand the scope of practice for nurse practitioners (NPs) as part of the Ministry's mandate to improve interprofessional collaboration (IPC).

The following submission pertains to issues raised in *A Report to the Minister of Health and Long-Term Care on the Review of the Scope of Practice for Registered Nurses in the Extended Class (Nurse Practitioners)*, prepared by HPRAC in March 2008.

GENERAL COMMENTS ABOUT THE REVIEW PROCESS

The CPSO has a number of comments about HPRAC's consultation process:

- First and foremost, we are greatly concerned that the current profession-by-profession scope review process is not the optimal way to address IPC. Honing in on specific scope details while neglecting broader systems issues serves only to further entrench professional silos, resulting in fragmented care. This is in neither the health care system's nor patients' best interests.
- The CPSO feels that two systemic issues in particular must be addressed: 1) a provincial infrastructure for electronic health records; and 2) a coordinated payment scheme for health care providers.
 - IPC is facilitated when health care providers have access to the necessary information about patients and are able to communicate with one another. Electronic solutions, including the Drug Information System, and ultimately an electronic health record, will be the foundation of IPC. The CPSO urges the Ministry to make the development of an electronic health record a priority in its IPC mandate.
 - The CPSO also urges the Ministry to continue to explore alternative health care funding models which encourage team-based delivery of

care. As payment models evolve, their development and evaluation should be considered from an IPC perspective.

- Family Health Teams (FHTs) are a good example of an effective IPC-based delivery and funding model. By offering team-based care that is linked through a common electronic infrastructure, and by remunerating care givers outside of the traditional OHIP scheme, FHTs are able to overcome two major obstacles in achieving IPC. The challenge, however, is trying to achieve the same outcome in settings other than FHTs.
- With 21 regulatory Colleges, and more on the way, reviewing scope requests for some professions and not others immediately leads to questions about why not all professions are given an equal opportunity to make submissions.
- Scopes are changing all the time, driven by health care professionals' innovative efforts to improve access using delegation and medical directives. It will be difficult for this current review process to match the pace of change. Even during this round of consultation, it is clear that that by the time changes are made, more will be required.
- Given the magnitude of changes being proposed and the implications for Ontario's overall health care system, the CPSO feels that the tight deadline for providing feedback to the Ministry did not allow sufficient time to prepare a considered response.

GENERAL COMMENTS ABOUT THE PROPOSALS

- Health human resource pressures in Ontario continue to grow, making dependence on traditional models of health care delivery unfeasible. The CPSO supports IPC, and believes it must become the new norm for the delivery of health care in Ontario because it is best for patients to receive care from a team of people with different skills all working together.
- As set out in our May 2008 submission to HPRAC on Interprofessional Care, the CPSO is supportive of initiatives that encourage the collaborative delivery of health care, including ensuring that every health professional can work to their full scope. In a limited resource environment, access to health care can only be improved by enabling each health professional to do all the things they are competent to do.
- Other regulators regularly consult with us with respect to proposed expansions of scope or additions to their drug lists. The CPSO has taken the position that other regulators are in the best position to determine whether their members are competent to perform particular tasks.

- In general, the CPSO supports expansions of scope for other health care professionals, so long as these expansions meet the following criteria:
 - they are consistent with the knowledge, skill and judgment of the professionals involved;
 - they are subject to a rigorous regulatory structure;
 - they support a truly collaborative, team-based approach to care as opposed to parallel care;
 - they are not so significant as to raise patient safety concerns; and
 - they are accompanied by educational initiatives for both the public and health care providers to ensure that people understand the changes that are being made.
- Several of the proposals, as presented in the report, lack significant detail and context, and do not meet the aforementioned criteria. Accordingly, the CPSO does not fully support these proposals in their current form. The CPSO is also concerned about the many details that will need to be resolved later.

SPECIFIC COMMENTS ABOUT THE PROPOSALS

Key points

- The CPSO recognizes that NPs are currently able to safely and effectively perform many of the CNO's proposed acts by way of delegated authority from physicians through medical directives. However, in the interest of public safety, the CPSO also acknowledges that some of the proposed acts must be subject to clear standards for safe and effective care before NPs are granted the authority to independently perform them.
- In general, the CPSO supports expanding NP's scope of practice to facilitate access to care. However, we caution that NPs should not be authorized to bypass the role of family physicians, as this would create a parallel, rather than collaborative, care model. Our support is contingent on the changes being: consistent with NPs' knowledge, skill and judgment; subject to a rigorous regulatory structure; and implemented within a context of IPC.
- The CPSO wants to ensure that enhanced responsibilities are matched with appropriate lines of accountability and liability measures.

NP-Anesthesia

- It is not clear what the intended scope of practice for the new NP-Anesthesia role will be.
- We feel that collaborative team-based practice rather than independent practice is the most appropriate model for NP-Anesthesia. We support efforts that are being undertaken at the University of Toronto to encourage NP-Anesthesia students to learn in a collaborative practice model.

Communicating a diagnosis

- The proposal seeks to remove the legislative requirement that NPs follow prescribed standards of practice respecting consultation with other health care professionals. The CNO has not articulated a clear rationale for the removal of the legislative requirement.
- Moreover, the legislative requirement does not seem to inhibit NPs from practicing to their full scope. Eliminating the legislative requirement may encourage NPs to bypass consultation with physician, which is not the objective of IPC.
- We concur with the Ontario Medical Association and the Ontario College of Family Physicians that existing constraints on this controlled act be maintained.
- The CPSO supports NP consultation with physicians as needed, and feels that NPs should communicate a diagnosis only when there is sufficient clinical evidence to support the diagnosis.

Recommendation

- The CPSO recommends that the current legislative requirement for NP consultation with physicians remain in place. Consultation is an important and necessary part of collaborative care.

Applying a form of energy prescribed in regulation

- Although it is not entirely clear what the CNO is requesting with regard to forms of energy, the proposal seeks to allow NPs to order CT scans and MRIs, and to apply sound waves for diagnostic ultrasounds. The proposal also includes allowing NPs to use lasers.
- Tests such as CT scans and MRI are costly and are not entirely without risk to patients. There is concern that NPs may lack knowledge about the cumulative effects of ionizing radiation and the importance of limiting patient

exposure. Moreover, The CNO has not established a need for NPs to apply sound waves for diagnostic ultrasounds. NPs do not have the same expertise as radiology technologists and therefore should not replace their role.

- Many hospitals require specialist physician approval before ordering CT scans and MRIs. Allowing another regulated health profession to order these tests may lead to duplication, especially given the absence of electronic health records.
- NPs do not have the same expertise as specialists. The current approach of using standing orders and protocols achieves the same result without enabling NPS to bypass physician consultation.
- The use of lasers has broad clinical implications, including high risk cosmetic procedures.
- It was noted in HPRAC's March 2008 report to the Minister that NPs may not receive formal training in certain practical skills, including ordering x-rays specific to certain practice types, because these areas are not included in the current scope.

Recommendation

- The CPSO recommends that NPs should only be permitted to order CT scans and MRIs with physician consultation.
- NPs should not be permitted to independently apply sound waves for diagnostic ultrasounds.
- Laser use by NPs should be restricted.
- Continuing education may be required to gain competency in certain skills, such as ordering certain types of x-rays, for which NPs may lack formal training.

Reducing dislocation and setting or casting fractures

- It was noted in HPRAC's March 2008 report to the Minister that NPs may not receive formal training in certain practical skills, including setting and casting of fractures, because these areas are not included in the current scope.

Recommendation

- Continuing education may be required to gain competency in certain skills, such as setting and casting of fractures, for which NPs may lack formal training.

Prescribing, dispensing, selling and compounding drugs

- The CPSO supports a review of the list based approach, which is widely regarded as inefficient and a barrier to care. The Ontario College of Pharmacists has also voiced support for this.
- There is concern about the proposal for NPs to dispense. In the interest of public safety, pharmacists and physicians are subject to strict legislative requirements regarding dispensing. These requirements should apply to all caregivers who dispense.
- In the interest of improving access to care and streamlining continuity of care, the CPSO supports NPs having the authority to independently order a repeat prescription.

Recommendation

- NPs should be able to dispense, sell or compound a drug subject to certain limitations, including but not limited to those to which physicians and pharmacists are held.
- NPs should have the authority to independently order a repeat prescription.

Administering a substance by injection or inhalation

- The CPSO echoes the position of the OMA that the new NP-Anesthesia role should not function in isolation. NP-Anesthesia providers should be part of an anesthesia care team (ACT) under the supervision of anesthesiologists.

Recommendation

- The CPSO supports NPs working as part of an ACT wherein they work in collaboration with an anesthesiologist.
- The current pilot testing of the ACT model in various sites across the province should be evaluated for safety and efficacy.

NP Competency

- The CPSO reiterates its previously stated concern that the CNO strengthen its quality assurance program.

Professional liability insurance

- An increased risk of negligence and malpractice actions may be posed if NPs' scope of practice is expanded. The CPSO agrees with HPRAC's view that it will become all the more important to ensure that existing and emerging organizations that employ NPs have adequate professional liability insurance coverage.
- In addition, it is important that accountability within IPC teams is clearly understood by team members and patients.
- One challenge facing the creation of a true IPC environment is that professional liability is not universal among professionals. It may be advisable to consider how to best fund universal professional liability protection to enable professionals to embrace IPC teams.

Physician Schedule of Benefits

- IPC may result in alternative delivery schemes where physicians have a reduced role and NPs have a greater role. In order to ensure that the traditional funding structure does not impede access at the point of care, the CPSO encourages government to continue to explore efficient and effective alternative health care funding models.
- As mentioned above, FHTs are a good example of an effective alternative delivery and funding scheme.

Toward an Enabling Regulatory Framework

- The CPSO supports coupling an expanded scope of practice for NPs that is confirmed in both statute and regulation with appropriate standards, limitations and conditions established and enforced by the CNO for the performance of controlled acts and the conduct of the profession.
- The CPSO supports the evolution of the NP role over time provided that changes are made in consultation with other relevant health care providers.